



USDA Forest Service

OMB 0596-0217
FS-1500-19**MODIFICATION OF GRANT OR AGREEMENT**

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:
11-FI-11051000-0192. RECIPIENT/COOPERATOR GRANT or
AGREEMENT NUMBER, IF ANY:3. MODIFICATION NUMBER:
014. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):Six Rivers National Forest
1330 Bayshore Way
Eureka, CA 95501-38415. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING
PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):Six Rivers National Forest
1330 Bayshore Way
Eureka, CA 95501-38416. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip +
4, county):Novato Fire Protection District
95 Rowland Way
Novato, CA 949457. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS
payment use only):**8. PURPOSE OF MODIFICATION**CHECK ALL
THAT APPLY:This modification is issued pursuant to the modification provision in the grant/agreement
referenced in item no. 1, above.

CHANGE IN PERFORMANCE PERIOD: Extends AOP to 4/30/2013



CHANGE IN FUNDING:



ADMINISTRATIVE CHANGES: Update to: WHERE TO SEND REIMBURSEMENT INVOICES



OTHER (Specify type of modification): Renewal of AOP for IMT member and Miscellaneous Overhead Only

**Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full
force and effect.**

9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):

Except for the changes in the provision listed below, the Annual Operating Plan for 2012 is the same and will remain in effect through
April 30, 2013.

WHERE TO SEND REIMBURSEMENT INVOICES - Invoices for services under this agreement must be sent to:

Six Rivers National Forest
Attention: Melrairie Johnson
1330 Bayshore Way
Eureka, CA 95501
Telephone (707) 441-3622
Fax: (707) 441-3591
melrairiejohnson@fs.fed.us.**10. ATTACHED DOCUMENTATION (Check all that apply):**

Revised Scope of Work



Revised Financial Plan



Other:

11. SIGNATURES**AUTHORIZED REPRESENTATIVE:** BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF
THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED
GRANT/AGREEMENT.

11.A. Novato Fire Protection District SIGNATURE

(Signature of Signatory Official)

11.B. DATE
SIGNED

7/13/12

11.C. U.S. FOREST SERVICE SIGNATURE

(Signature of Signatory Official)

11.D. DATE
SIGNED

July 9, 2012

11.E. NAME (type or print): **MARC A. REVERE**11.F. NAME (type or print): **TYRONE KELLEY**11.G. TITLE (type or print): **Chief**11.H. TITLE (type or print): **Forest Supervisor**



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12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

Robin Bryant
ROBIN BRYANT
U.S. Forest Service Grants & Agreements Specialist

12.B. DATE
SIGNED

6/25/12



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